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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

	Complete if Known				
Application Number	10/603,658				
Filing Date	June 26, 2003				
First Named Inventor	SHIVANANDAPPA et al.				
Examiner Name	Hector M. Reyes				
Group / Art Unit	1625				
Attorney Docket No.	30562-189637				

TOTAL AMOUNT OF PAYMENT

1,810

	Complete if Known					
Application Number	10/603,658					
Filing Date	June 26, 2003					
First Named Inventor	SHIVANANDAPPA et al.					
Examiner Name	Hector M. Reyes					
Group / Art Unit	1625					
Attorney Docket No.	39562-189637					
	FEE CALCULATION (continued)					
3. ADDITIONAL FEE: Fee Lrg Ent Fee Code Fee Cod	Sm Ent Fee Description Fee					

METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge			3. ADDITIONAL FEES						
1. 🖾	indicated fees and credit any over payments	to:	Fee Code	Lrg En	t Fee Code	Sm Ent	Fee Description	Fee	
Deposit				(\$)		(\$)		Paid	
Account	22-0261		1111	500	2111	250	Utility Search Fee		
Number			1112	100	2112	50	Design Search Fee		
l		1	1113	300	2113	150	Plant Search Fee		
Deposit Account Venable LLP			1114	500	2114	250	Reissue Search Fee		
Name	Venable LLF		1311	200	2311	100	Utility Examination Fee		
☐ Charge Any	Additional Fee Required Under 37 CFR 1.16 and	1117	1312	130	2312	65	Design Examination Fee		
1 = ' '	ims small entity status. See 37 CFR 1.27	1.17	1313	160	2313	80	Plant Examination Fee		
	· · · · · · · · · · · · · · · · · · ·		1314	600	2314	300	Reissue Examination Fee		
2. Payment Enclosed:			1051	130	2051	65	Surcharge - late filing fee or oath		
☐ Check ☐ Credit card ☐ Money ☐ Other Order			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.		
	FEE CALCULATION		1053	130	1053	130	Non-English specification		
		-	1812	2,520	1812	2,520	For filing a request for reexamination		
1. BASIC FILIN			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Fee Fee(\$) Code		ee Paid	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1011 300 1012 200	2011 150 Utility filing fee 2012 100 Design filing fee		1251	120	2215	60	Extension for reply within first month		
1013 200	2013 100 Plant filing fee		1252	450	2252	225	Extension for reply within second month		
1014 300	2014 150 Reissue filing fee		1253	1,020	2253	510	Extension for reply within third month	1020	
1005 200 1081 250	2005 100 Provisional filling fee 2081 125 Utility App. Size Fee		1254	1,590	2254	795	Extension for reply within fourth month		
1082 250	2082 125 Design App Size Fee		1255	2,160	2255	1080	Extension for reply within fifth month		
1083 250	2083 125 Plant App. Size Fee		1401	500	2401	250	Notice of Appeal		
1084 250	2084 125 Reissue App Size Fee		1402	500	2402	250	Filing a brief in support of an appeal		
1085 250	2085 125 Prov. App Size Fee		1403	1,000	2403	500	Request for oral hearing		
SUBTOTAL (1) (\$)		5)	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
2. EXTRA CLAIM	:FFS		1452	500	2452	250	Petition to revive – unavoidable		
I. EXTRA CEATIN	Extra Fee from	Fee	1453	1,500	2453	750	Petition to revive - unintentional		
	Claims below	Paid	1501	1,400	2501	700	Utility issue fee (or reissue)		
Total Claims	-20 ** = X =		1502	800	2502	400	Design issue fee		
Independent	-3** = X =		1503	1,100	2503	550	Plant issue fee		
Claims	^		1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)		
Multiple Dependent	x =		1806	180	1806	180	Submission of Information Disclosure Strnt		
Large Entity	-		8021	40	8021	40	Recording each patent assignment per property (times number of		
Fee Fee Code (\$) 1202 50	Fee Fee Code (\$) Fee Description 2202 25 Claims in excess of 20		1809	790	2809	395	properties) Filing a submission after final rejection (37 CFR § 1.129(a))		
1201 200	2201 100 Independent claims in exce	ess of 3	1810	790	2810	395	For each additional invention to be		
1203 360	2204 180 Multiple dependent claim, i	1					examined (37 CFR § 1.129(b))	I	
1204 200	2204 100 ** Reissue independent cla excess of three		1801	790	2801	395	Request for Continued Examination (RCE)	\$790	
1205 50	2205 25 ** Reissue claims in excess over original patent	s of 20 and	20 and Other fee (specify)						
SUBTOTAL (2) (\$) *Red				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)1,810					
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY Complete (if applicable)									
Name (Print/Type) Ann S. Hobbs, Ph.D. Reg No. A			omey/Age	ent)	36,830		Telephone 202-344-4651		
Signature C 1 Worm		Date		May 5, 2005					

SUBMITTED BY	Complete (if applicable)				
Name (Print/Type)	Ann S. Hobbs, Ph.D.	Reg No. Attorney/Agent)	36,830	Telephone	202-344-4651
Signature	Ch Horn	Date	May 5, 2005		